



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**APPROPRIATE PATIENT CONDUCT
FOR THE
FORENSIC MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy #: MSH FMHF-02

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I. PURPOSE: To define, clarify, and communicate appropriate conduct for patients at the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF). To describe the types of conduct that may lead to suspension or discontinuation of services at the FMHF.

II. POLICY: Staff at the MSH FMHF will clearly communicate to patients the conduct expected of them at the FMHF. Staff will communicate the potential consequences of misconduct including suspension from the program, discontinuation of services, transfer to another facility, and criminal charges as warranted. If patient misconduct is severe enough to warrant suspension from the program or discontinuation of services, staff will communicate the reasons for the decision, conditions for re-admission to the program, the method to grieve or appeal the decision, and services available in other programs or facilities.

III. DEFINITIONS:

A. Appropriate patient conduct: Includes but is not limited to:

1. Safe behavior;
2. Respectful behavior;
3. Cooperation with staff;
4. Adherence to the rules of the program;
5. Adherence to the policies of MSH and the Forensic Mental Health Facility;
6. Adherence to the laws of the state.

B. Patient misconduct: Includes but is not limited to:

1. Homicide or attempted homicide;
2. Suicide or attempted suicide;
3. Escape, attempted escape, planned escape;
4. Possession of a weapon;
5. Rioting or inciting a riot;
6. Physically or sexually assaulting another person;
7. Extortion or blackmail;
8. Taking a person hostage;

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9. Possession of alcohol or drugs;
10. Setting a fire;
11. Fighting with others;
12. Threatening others;
13. Engaging in sexual acts with others;
14. Sexually harassing others;
15. Indecent exposure;
16. Damaging or destroying property;
17. Stealing property;
18. Possessing contraband;
19. Tampering with a lock, gate, or window;
20. Obstructing staff in the safe operation of the facility;
21. Smoking ;
22. Misusing or abusing medications;
23. Tattooing, branding, or piercing;
24. Engaging in gang type activity;
25. Violating program rules, hospital policies, or state laws;
26. Self-mutilation;
27. Conspiring or assisting another in homicide, suicide, or escape;
28. Unauthorized communications;
29. Being in an unauthorized area;
30. Gambling;
31. Horseplay;
32. Bartering or trading property.

IV. RESPONSIBILITIES:

- A. MSH FMHF Program Manager: Develop, maintain, and communicate the expectations for patient conduct at the FMHF in order to maintain a safe and secure facility. Maintain a program and system for responding to patient misconduct. Consult the treatment team, hospital administrators, departmental administrators, court officials, correctional officials, and law enforcement officers in the response to patient misconduct in order to make appropriate decisions about whether to suspend and discontinue services to a patient. Communicate decisions to the patient, which will include the reasons for the decision.
- B. FMHF Staff: Communicate expectations for appropriate conduct and clarify what misconduct involves. Monitor patients' conduct, reinforce appropriate conduct and redirect from misconduct. Document misconduct and write incident reports as needed to communicate the concern. Preserve evidence of misconduct. Refer to or involve law enforcement as needed.

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V. PROCEDURES:

A. Notification of expected patient conduct

1. The FMHF Social Worker or designee will inform the patient of appropriate conduct and misconduct as soon as possible after admission. The patient will be informed of potential consequences of misconduct, including but not limited to the suspension of services and dismissal from the program.
2. The FMHF program manual will contain written information about appropriate patient conduct and misconduct as well as potential consequences of misconduct.
3. A list of appropriate patient conduct and misconduct will be posted in the living areas of the FMHF for patients to read.

B. Monitoring, supervising, and managing patient conduct

1. FMHF staff will monitor patient conduct, encourage appropriate conduct, and redirect from misconduct.
2. FMHF staff will document misconduct in the patient's medical record and incident reports or police reports as required by MSH policy.
3. FMHF staff will implement treatment plans designed to help patients develop more appropriate conduct and reduce misconduct.
4. FMHF staff may implement a behavioral modification program with incentives for appropriate behavior and consequences for misconduct in order to help patients change behaviors.

C. Suspension of services or dismissal from the program

1. The FMHF Program Manager will consult the treatment team, hospital administrators, departmental administrators, court officials, correctional officials, and law enforcement officers in response to patient misconduct in order to make appropriate decisions about whether to suspend or discontinue services to a patient.
2. If the FMHF Program Manager concludes that the patient needs to be suspended from services or dismissed from the FMHF appropriate authorities will be contacted in order to accomplish the suspension or

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dismissal. This may include involving judges, attorneys, correctional officials, law enforcement officers, department administrators, hospital administrators, Licensed Independent Practitioners, guardians, and others as deemed necessary.

3. If a patient is suspended from services or dismissed from the FMHF the Program Manager will provide the patient with:
 - a. An explanation of the reasons for the decision;
 - b. The conditions that must be met to be readmitted to the program;
 - c. Information about the procedures for grieving or appeal the decision;
 - d. Information about alternate services that might be available to them through other programs.

VI. REFERENCES: Administrative Rules of Montana for Mental Health Center: Policies and Procedures 37.106.1908.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Forensic Psychiatrist, Director of Clinical Services, Director of Nursing, and FMHF Program Manager.

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF Policy and Procedure Manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: FMHF Program Manager.

XII. ATTACHMENTS: None

_____/_____/_____
John Glueckert Date
Hospital Administrator

_____/_____/_____
Thomas Gray, MD Date
Medical Director